

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

5 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled APPARATUS AND METHOD FOR ORTHOPEDIC FIXATION, 10 the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

15 I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

20 I hereby claim priority benefits under Title 35, United States Code, Section 120, of pending prior U.S. Patent Application Serial No. 09/863,174, filed 05/23/01 by T. Wade Fallin et al. for APPARATUS AND

METHOD FOR ORTHOPEDIC FIXATION, which patent application is hereby incorporated herein by reference.

I hereby appoint Pandiscio & Pandiscio, a firm composed of Nicholas A. Pandiscio, Registration No. 17293, Mark J. Pandiscio, Registration No. 30883, Scott R. Foster, Registration No. 20570, and James A. Sheridan, Registration No. 43114, or any of them, of 470 Totten Pond Road, Waltham, Massachusetts 02451-1914, (Telephone No. 781-290-0060), my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the U. S. Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature: _____
Inventor's full name: Alan Chervitz
Date: _____
Residence: 4084 Arlington Drive
Palm Harbor, Florida 34685
Post Office Address: Same
Citizenship: United States of America

5

Inventor's signature: T. Wade Fallin
Inventor's full name: T. Wade Fallin
Date: 10/17/01
Residence: 210 East, 200 South
Hyde Park, Utah 84318
Post Office Address: Same
Citizenship: United States of America

10

15

MED-8 CIP

Inventor's signature:

Robert W. Hoy

Inventor's full name:

Robert W. Hoy

Date:

10/17/2001

Residence:

1504 South Talon Drive

Logan, Utah 84321

Post Office Address:

Same

Citizenship:

United States of America

ALS/MED8CIP.AF2

MED-8 CIP

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

5 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention
10 entitled APPARATUS AND METHOD FOR ORTHOPEDIC FIXATION, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

15 I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

20 I hereby claim priority benefits under Title 35, United States Code, Section 120, of pending prior U.S. Patent Application Serial No. 09/863,174, filed 05/23/01 by T. Wade Fallin et al. for APPARATUS AND

METHOD FOR ORTHOPEDIC FIXATION, which patent application is hereby incorporated herein by reference.

I hereby appoint Pandiscio & Pandiscio, a firm composed of Nicholas A. Pandiscio, Registration No. 17293, Mark J. Pandiscio, Registration No. 30883, Scott R. Foster, Registration No. 20570, and James A. Sheridan, Registration No. 43114, or any of them, of 470 Totten Pond Road, Waltham, Massachusetts 02451-1914, (Telephone No. 781-290-0060), my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the U. S. Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature: _____

Inventor's full name: Robert W. Hoy

Date: _____

5 Residence: 1504 South Talon Drive

Logan, Utah 84321

Post Office Address: Same

Citizenship: United States of America

10 ALS/MED8CIP.AP2

MED-8 CIP